

MDR Tracking Number: M5-04-3323-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 06-01-04.

The IRO reviewed office visits, therapeutic activities, range of motion measurements and functional capacity exam rendered from 02-03-04 through 03-02-04 that were denied based "V".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 07-13-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

CPT code 99080-73 date of service 03-11-04 denied with denial code "V". This service is a TWCC required report and is therefore reviewed as a fee issue. The requestor did not submit relevant information to support delivery of service. No reimbursement is recommended for CPT code 99080-93 date of service 03-11-04.

This Findings and Decision is hereby issued this 23rd day of September 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh

**NOTICE OF INDEPENDENT REVIEW DECISION-- AMENDED DECISION**

**Date:** September 14, 2004

**RE:**

**MDR Tracking #:** M5-04-3323-01

**IRO Certificate #:** 5242

\_\_\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents

utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

**Submitted by Requester:**

- MDR Request/Response dated 6/1/04
- Table of Disputed Services
- Peer Review from \_\_\_\_\_ dated 11/21/03
- Designated Doctor Examination Report from \_\_\_\_\_ dated 1/7/04

**Submitted by Respondent:**

- Medical Dispute Resolution Request/Response
- Table of Disputed Services
- Letter of Medical Necessity dated 3/23/04
- Employer Request to Change Treating Doctors dated 10/22/03
- Evaluation Report from \_\_\_\_\_ dated 12/4/03
- Radiographic Report from \_\_\_\_\_ dated 12/4/03
- New Patient Examination from \_\_\_\_\_ dated 10/14/03
- Sensory Nerve Conduction Threshold Report dated 1/9/04
- Temperature Gradient Studies dated 1/6/04
- Functional Abilities Evaluation dated 1/6/04
- Range of Motion Test of the Wrist and Thumb dated 12/17/03
- TWCC 73 dates 12/4/03, 1/20/04, 2/17/04, 3/2/04
- EGROS Evaluation Summary Report dated 2/10/04
- SOAP Notes from \_\_\_\_\_ dates 10/22/03, 2/17/04, 2/5/04, 2/4/04, 2/3/04

**Clinical History**

I have had the opportunity to review the medical records in the above-mentioned case for the purpose of an Independent Review. The claimant is a 27 year-old female who injured her left thumb and hand when it was crushed by a machine press while at work on \_\_\_\_\_. The claimant was treated at \_\_\_\_\_ with a company doctor and was diagnosed with an open fracture of the left thumb, which subsequently required surgical repair. The claimant changed treating doctors to \_\_\_\_\_ on 10/22/03 for rehabilitation of her left thumb injury.

The claimant was evaluated by designated doctor, \_\_\_\_\_, who determined the claimant at maximum medical improvement with 3 % whole person impairment on 1/7/03.

**Requested Service(s)**

Office Visit 99212, Therapeutic Activities (97530), Range of Motion Measurements (95851) and Functional Capacity Exam (97750-FC)

Dispute Dates 2/3/04-3/2/04

**Decision**

I agree with the insurance carrier and find that office visit (99212), therapeutic activities (97530), Range of Motion measurements, and Functional Capacity Exam (97750-FC) is not medically necessary for the claimant 5 months post injury and 1 month post MMI as assigned by designated doctor, \_\_\_\_\_.

**Rationale/Basis for Decision**

I form this decision based on the evaluation report from \_\_\_\_\_ dated 1/7/04 and the Official Disability Guidelines 8<sup>th</sup> Edition, which allows up to 8 physical therapy visits over a 10 week period for a fracture of the thumb. It would seem that the claimant should have been released from conservative rehabilitation to an active home exercise program of stretching and strengthening the affected regions in the left hand and thumb.